

FIG. 1

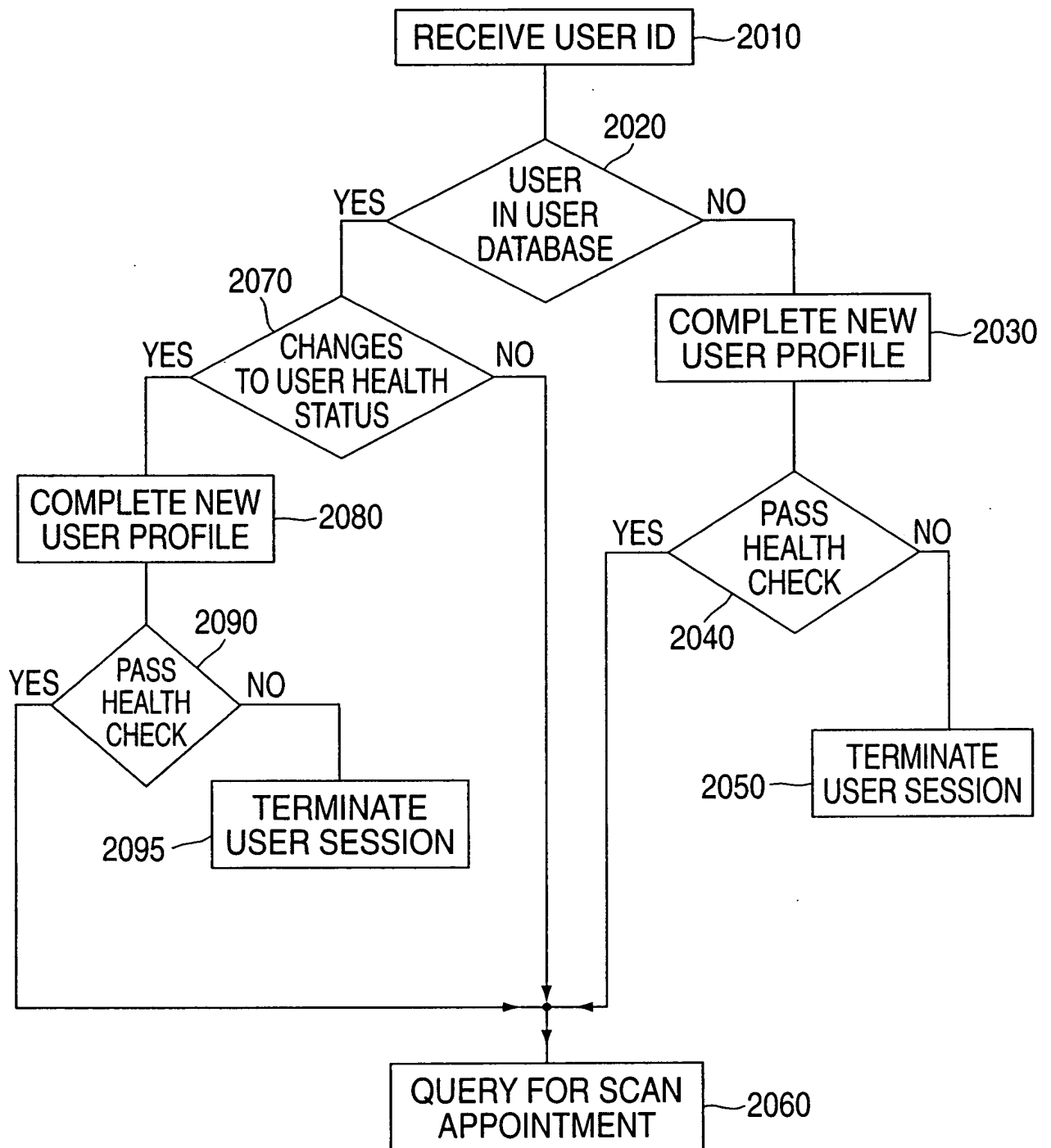


FIG. 2

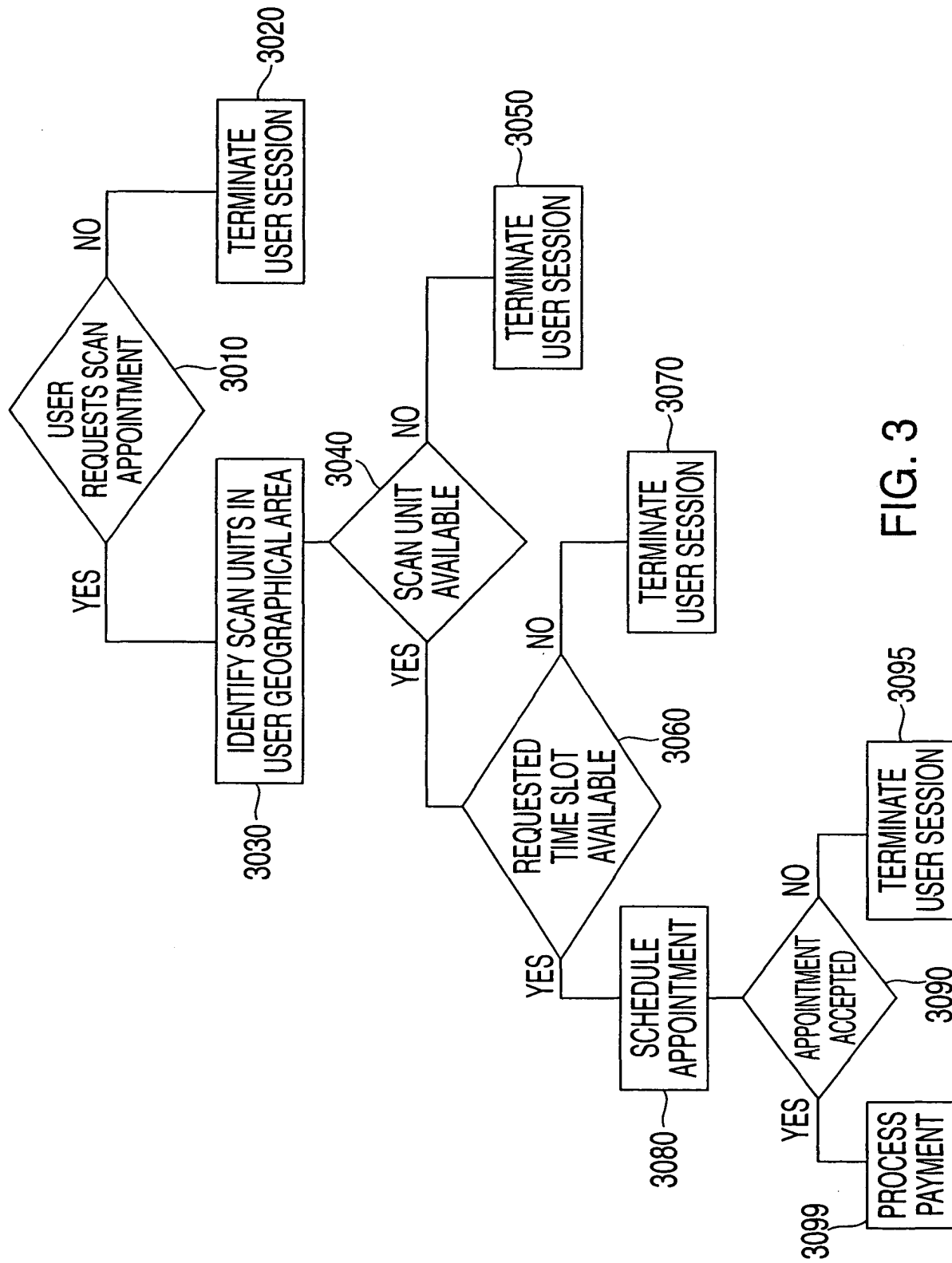


FIG. 3

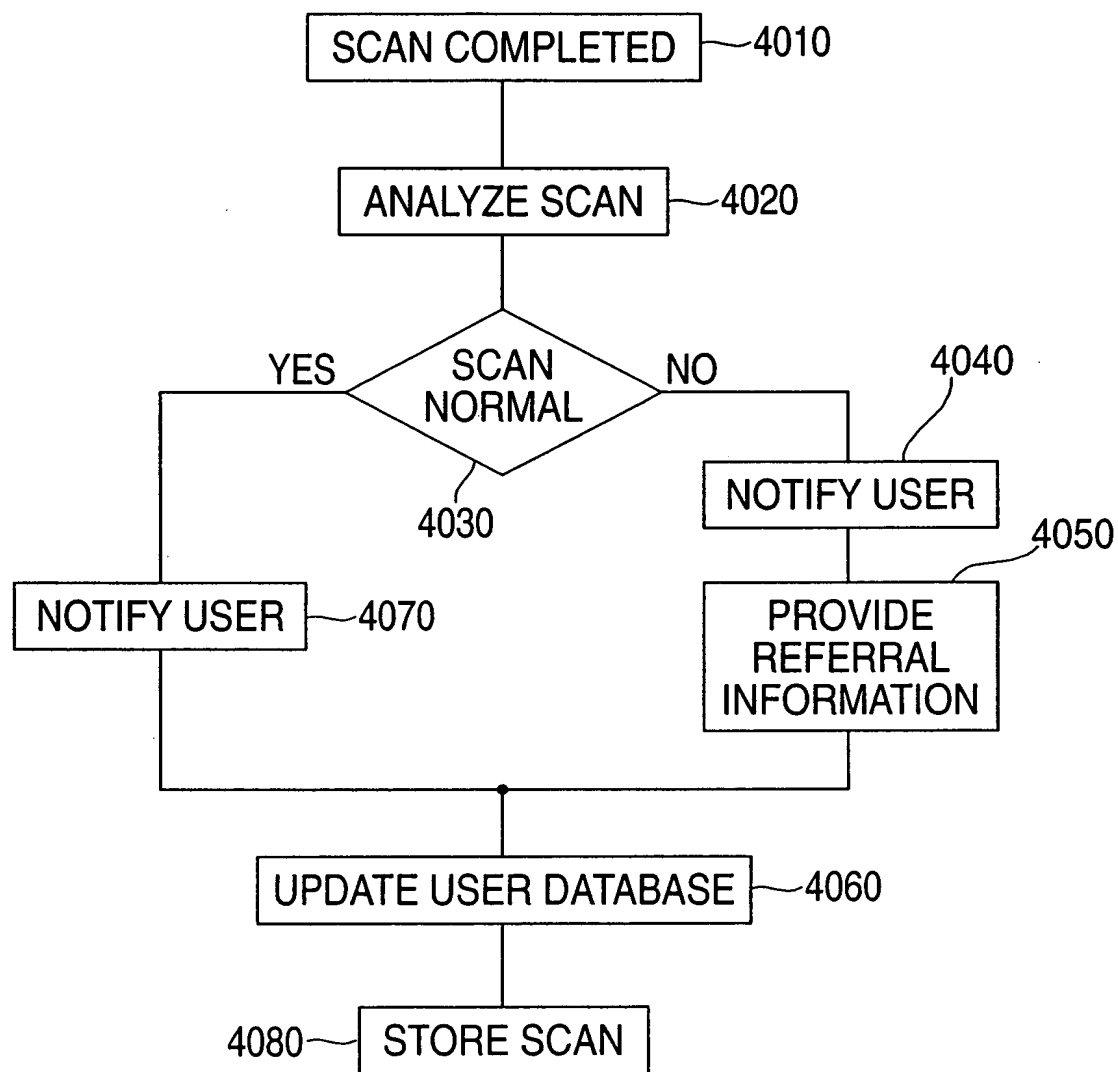


FIG. 4

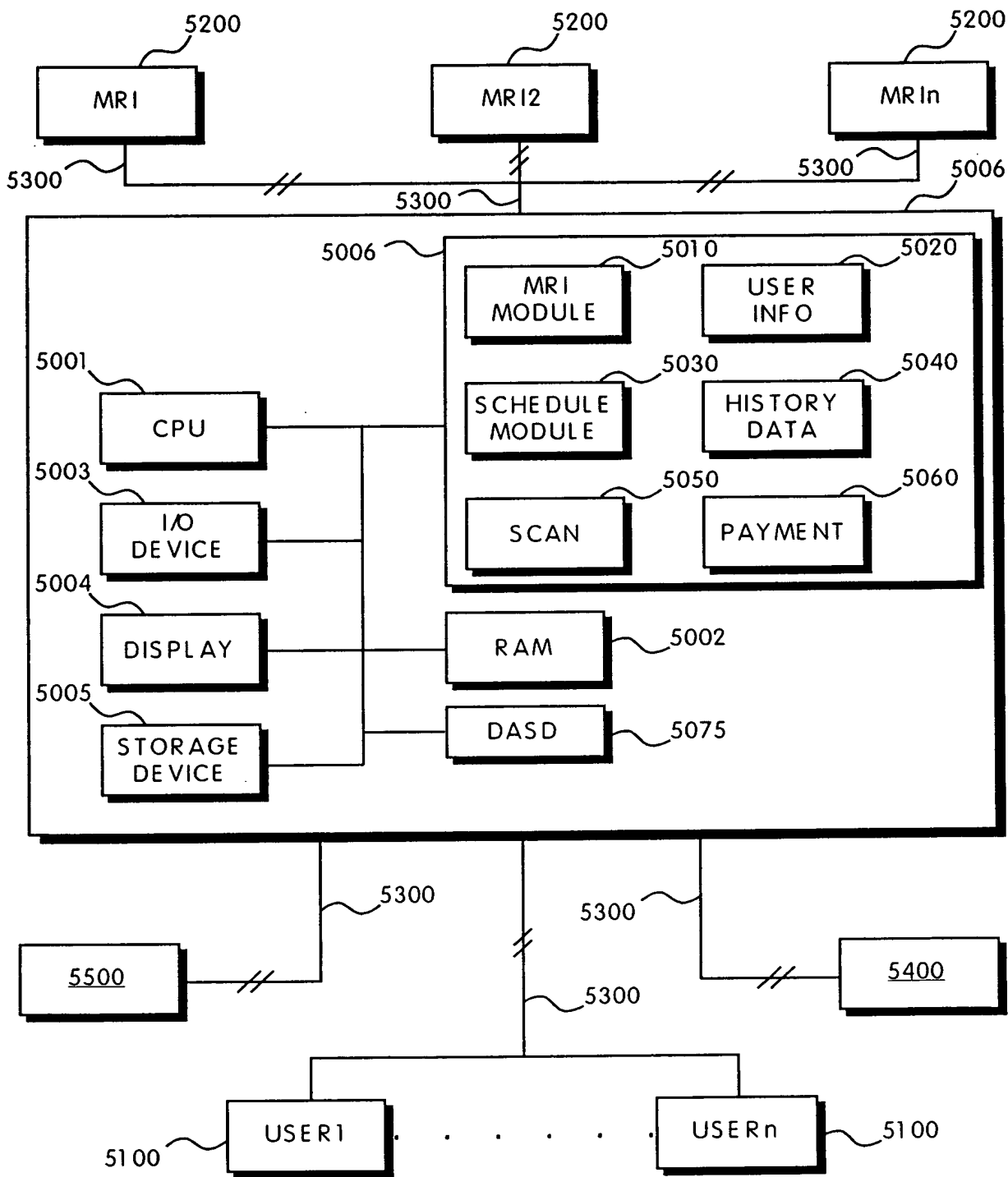


FIG. 5

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Tell Us About Yourself

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

???????
???????
???????

Did You Know?

???????
?????????????
?????????????
???????

Last Name
First Name & MI
Street Address
Apt No./Floor
City/State/Zip
Day Phone #
Night Phone #
Age
Occupation
Handedness ☐ LEFT HANDED ☐ RIGHT HANDED ☐ AMBIDEXTROUS
How far are you willing to travel? (miles)

???????

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FIG. 6A

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Home
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Wednesday, July 28, 1999

Have You Ever Had...?

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

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Did You Know?

There are 100,000
brain tumors in the US
every year.

- | Yes | Please answer the following questions: | No |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Brain Surgery | <input type="radio"/> |
| <input type="radio"/> | Head or Eye Injury | <input type="radio"/> |
| <input type="radio"/> | Cardiac Pacemaker | <input type="radio"/> |
| <input type="radio"/> | Cardiac Defibrillator | <input type="radio"/> |
| <input type="radio"/> | Previous Cardiac Pacemakers Removed | <input type="radio"/> |
| <input type="radio"/> | Implanted Drug Diffusion Device | <input type="radio"/> |
| <input type="radio"/> | Bone Growth Stimulator | <input type="radio"/> |
| <input type="radio"/> | Neurostimulator (Tens-Unit) | <input type="radio"/> |
| <input type="radio"/> | Any Type of Biostimulator | <input type="radio"/> |
| <input type="radio"/> | Hearing Aid | <input type="radio"/> |
| <input type="radio"/> | Metal in Eye | <input type="radio"/> |
| <input type="radio"/> | Cochlear Implant | <input type="radio"/> |
| <input type="radio"/> | Nitroglycerin Patch | <input type="radio"/> |
| <input type="radio"/> | Any Device Implanted in Your Body | <input type="radio"/> |
| <input type="radio"/> | Metallic Implants (e.g. Hip or Knee Replacement Surgery) | <input type="radio"/> |
| <input type="radio"/> | Severe Anxiety Attacks | <input type="radio"/> |
| <input type="radio"/> | Any Dental Item Held In Place By A Magnet | <input type="radio"/> |

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FIG. 6B

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Home
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Wednesday, July 28, 1999

Medical Background

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

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??????
??????

Did You Know?

The yearly incidence of brain tumors is ?????? ????????

Are you claustrophobic? ☐ Yes ☐ No

Do you have symptoms now? ☐ Yes ☐ No

If yes, please select from the list below:

Syptoms:

MEMORY LOSS
HEADACHES
LOSS OF VISION
DOUBLE VISION
FACE NUMBNESS
HEARING LOSS
VERTIGO
SWALLOWING DIFFICULTIES
WEAKNESS OF ARM OR LEG
LOSS OF CONSCIOUSNESS
SEIZURES

Other: (please type in box below)

Are you on any medications? ☐ Yes ☐ No

If yes, please list them below:

Do you have a regular physician? ☐ Yes ☐ No

If yes, please tell us about him/her:

Last Name

First Name

Street Address

Apt/Suite No.

City/State/Zip

FIG. 6C

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Choose a Participating Radiologist

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

We have found 1 radiologist(s) within appx.80 miles of you.

MRI Center
300 Park Avenue
New York, N.Y. 10005
Phone: 212-888-0033

???????
???????
???????

Did You Know?

Over half of ???
????????????
????????????
????????????
??????????

FIG. 6D